

United States Department of Agriculture  
Natural Resources Conservation Service

OMB No. 0578-0030  
NRCS-PDM-20

**DAMAGE SURVEY REPORT (DSR)**  
**Emergency Watershed Protection Program - Recovery**

**Section 1A**

Date of Report: 10/06/2005

DSR Number: 087-05-003K Project Number: \_\_\_\_\_

**NRCS Entry Only**

Eligible: YES ☐ NO ☐  
Approved: YES ☐ NO ☐  
Funding Priority Number (from Section 4) \_\_\_\_\_  
Limited Resource Area: YES ☐ NO ☒

**Section 1B Sponsor Information**

Sponsor Name: St. Bernard Parish Government

Address: 8201 West Judge Perez Drive

City/State/Zip: Chalmette, LA 70043

Telephone Number: (678) 255-3413

Fax: (678) 255-3410

**Section 1C Site Location Information**

County: St. Bernard

State: LA

Congressional District: 3

Latitude: N29 57 29.8

Longitude: W89 57 00

Section: 46

Township: 12S

Range: 12E

UTM Coordinates: \_\_\_\_\_

Drainage Name: Chalmette Horse Stable

Reach: 1

Damage Description: Horses drowned in flood.

**Section 1D Site Evaluation**

All answers in this Section must be YES in order to be eligible for EWP assistance.

Site Eligibility	YES	NO	Remarks
Damage was a result of a natural disaster?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Recovery measures would be for runoff retardation or soil erosion prevention?*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Threat to life and/or property?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health hazard
Event caused a sudden impairment in the watershed?*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Imminent threat was created by this event?**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
For structural repairs, not repaired twice within ten years?**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Site Defensibility</b>			
Economic, environmental, and social documentation adequate to warrant action (Go to pages 3, 4, 5 and 6 ***)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Proposed action technically viable? (Go to Page 9 ***)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Have all the appropriate steps been taken to ensure that all segments of the affected population have been informed of the EWP program and its possible effects? YES ☒ NO ☐

Comments: \_\_\_\_\_

\* Statutory

\*\* Regulation

\*\*\* DSR Pages 3 through 5 are required to support the decisions recorded on this summary page. If additional space is needed on this or any other page in this form, add appropriate pages.

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## Section 1E Proposed Action

Describe the preferred alternative from Findings, Section 5 A:

Relieve dead animals and noxious and dispose of estus waste.

Total installation cost identified in this DSR, Section 3: \$ 15,000.00

## Section 1F NRCS State Office Review and Approval

Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  
State EWP Program ManagerApproved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
State Conservationist

## PRIVACY ACT AND PUBLIC BURDEN STATEMENT

NOTE: The following statement is made in accordance with the Privacy Act of 1974, (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR 624 (EWP) and Section 216 of the Flood Control Act of 1950, Public Law 81-516, 33 U.S.C. 701b-1; and Section 403 of the Agricultural Credit Act of 1976, Public Law 95-334, as amended by Section 382, of the Federal Agriculture Improvement and Reform Act of 1990, Public Law 104-127, 16 U.S.C. 2203. EWP, through local sponsors, provides emergency measures for runoff retardation and erosion control to areas where a sudden impairment of a watershed threatens life or property. The Secretary of Agriculture has delegated the administration of EWP to the Chief of NRCS on state, tribal and private lands.

Signing this form indicates the sponsor concurs and agrees to provide the regional cost-share to implement the EWP recovery measure(s) determined eligible by NRCS under the terms and conditions of the program authority. Failure to provide a signature will result in the applicant being unable to apply for or receive a grant the applicable program authorities. Once signed by the sponsor, this information may not be provided to other agencies, IRS, Department of Justice, or other State or Federal Law Enforcement agencies, and in response to a court or administrative tribunal.

The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001; 15 U.S.C. 714m; and 31 U.S.C. 3729 may also be applicable to the information provided. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0030. The time required to complete this information collection is estimated to average 117/1.98 minutes/hours per response, including the time for reviewing instructions, searching existing data sources, field reviews, gathering, designing, and maintaining the data needed, and completing and reviewing the collection information.

## USDA NONDISCRIMINATION STATEMENT

\*The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202)720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800)795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

## Civil Rights Statement of Assurance

The program or activities conducted under this agreement will be in compliance with the nondiscrimination provisions contained in the Titles VI and VII of the Civil Rights Act of 1964, as amended; the Civil Rights Restoration Act of 1987 (Public Law 100-259); and other nondiscrimination statutes: namely, Section 504 of the Rehabilitation Act of 1973, Title IX of the Amendments of 1972, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. They will also be in accordance with regulations of the Secretary of Agriculture (7 CFR 15, 15a, and 15b), which provide that no person in the United States shall on the grounds of race, color, national origin, gender, religion, age or disability, be excluded from participation in, be denied the benefits of, or otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the U.S. Department of Agriculture or any agency thereof.

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## Section 2 Environmental Evaluation

2A Resource Concerns	2B Existing Condition	2C Alternative Designation			
		Proposed Action	No Action	Alternative	
		2D Effects of Alternatives			
Soil					
Water					
Downstream water rights					
Air					
Plant					
Animal					
Other					
		Health hazard			

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## Section 2E Special Environmental Concerns

Resource Consideration	Existing Condition	Alternatives and Effects		
		Proposed Action	No Action	Alternative
Clean Water Act Waters of the U.S.				
Coastal Zone Management Areas				
Coral Reefs				
Cultural Resources				
Endangered and Threatened Species				
Environmental Justice				
Essential Fish Habitat				
Fish and Wildlife Coordination				
Floodplain Management				
Invasive Species				
Migratory Birds				
Natural Areas				
Prime and Unique Farmlands				
Riparian Areas				
Scenic Beauty				
Wetlands				
Wild and Scenic Rivers				

Completed By: Allen Bolotte

Date: 10/06/2005

DSR NO: 097-05-003K

## Section 2F Economic

This section must be completed by each alternative considered (attach additional sheets as necessary).

	Future Damages (\$)	Damage Factor (%)	Near Term Damage Reduction
Properties Protected (Private)			
Properties Protected (Public)			
Business Losses			
Other Health Hazard			
Total Near Term Damage Reduction \$			0.00
Net Benefit (Total Near Term Damage Reduction minus Cost from Section 3)			0.00

Completed By: Allen Boloite

Date: 10/06/2005



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**Section 2G Social Consideration** This section must be completed by each alternative considered

(attach additional sheets as necessary).

	YES	NO	Remarks
Has there been a loss of life as a result of the watershed impairment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there the potential for loss of life due to damages from the watershed impairment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has access to a hospital or medical facility been impaired by watershed impairment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Has the community as a whole been adversely impacted by the watershed impairment (life and property ceases to operate in a normal capacity)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a lack or has there been a reduction of public safety due to watershed impairment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health hazard

Completed By: Allen BolotteDate: 10/06/2005

DSR NO: \_\_\_\_\_  
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### Section 2H Group Representation and Disability Information

This section is completed only for the preferred alternative selected.

Group Representation	Number
American Indian/Alaska Native Female Hispanic	
American Indian/Alaska Native Female Non-Hispanic	
American Indian/Alaska Native Male Hispanic	
American Indian/Alaska Native Male Non-Hispanic	
Asian Female Hispanic	
Asian Female Non-Hispanic	
Asian Male Hispanic	
Asian Male Non-Hispanic	
Black or African American Female Hispanic	
Black or African American Female Non-Hispanic	
Black or African American Male Hispanic	
Black or African American Male Non-Hispanic	
Hawaiian Native/Pacific Islander Female Hispanic	
Hawaiian Native/Pacific Islander Female Non-Hispanic	
Hawaiian Native/Pacific Islander Male Hispanic	
Hawaiian Native/Pacific Islander Male Non-Hispanic	
White Female Hispanic	
White Female Non-Hispanic	
White Male Hispanic	
White Male Non-Hispanic	
Total Group	0

Census tract(s) N/A

Completed By: Allen Bolotte

Date: 10/06/2005

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Section 21. Required consultation or coordination between the lead agency and/or the RFO and another governmental unit including tribes:

Easements, permissions, or permits:

Mitigation Description:

Agencies, persons, and references consulted, or to be consulted:

LA DEQ  
St. Bernard Parish Health Department



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## Section 3 Engineering Cost Estimate

Completed By: Dale Garber

Date: 10/06/2005

This section must be completed by each alternative considered (attach additional sheets as necessary).

Proposed Recovery Measure (including mitigation)	Quantity	Units	Unit Cost (\$)	Amount (\$)
Dead Animal - Remove & Dispose	25	EA	400.00	10,000.00
Mobilization	1	LS	5,000.00	5,000.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
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				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
Total Installation Cost (Enter in Section 1F)\$				15,000.00

## Unit Abbreviations:

AC	Acre	LS	Lump Sum
CY	Cubic Yard	SF	Square Feet
EA	Each	SY	Square Yard
HR	Hour	TN	Ton
LF	Linear Feet		Other (Specify)

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## Section 4 NRCS EWP Funding Priority

Complete the following section to compute the funding priority for the recovery measures in this application (see instructions on page 10).

Priority Ranking Criteria	Yes	No		Ranking Number Plus Modifier
1. Is this an exigency situation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1a
2. Is this a site where there is serious, but not immediate threat to human life?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Is this a site where buildings, utilities, or other important infrastructure components are threatened?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is this site a funding priority established by the NRCS Chief?	<input type="checkbox"/>	<input type="checkbox"/>		
The following are modifiers for the above criteria			Modifier	
a. Will the proposed action or alternatives protect or conserve federally-listed threatened and endangered species or critical habitat?				
b. Will the proposed action or alternatives protect or conserve cultural sites listed on the National Register of Historic Places?				
c. Will the proposed action or alternatives protect or conserve prime or important farmland?				
d. Will the proposed action or alternatives protect or conserve existing wetlands?				
e. Will the proposed action or alternatives maintain or improve current water quality conditions?			a	
f. Will the proposed action or alternatives protect or conserve unique habitat, including but not limited to, areas inhabited by State-listed species, fish and wildlife management area, or State identified sensitive habitats?				

Enter priority computation in Section 1A, NRCS Entry, Funding priority number.

Remarks:

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## Section 5A Findings

Finding: Indicate the preferred alternative from Section 2 (Enter to Section 1E):

I have considered the effects of the action and the alternatives on the Environmental Economic, Social; the Special Environmental Concerns; and the extraordinary circumstances (40 CFR 1508.27). I find for the reasons stated below, that the preferred alternative:

\_\_\_ Has been sufficiently analyzed in the EWP PEIS (reference all that apply)

Chapter \_\_\_

Chapter \_\_\_

Chapter \_\_\_

Chapter \_\_\_

Chapter \_\_\_

\_\_\_ May require the preparation of an environmental assessment or environmental impact statement.  
The action will be referred to the NRCS State Office on this date:

NRCS representative of the DSR team

Title: Allen H. G. [Signature]

Date: 10/06/2005

Section 5B Comments:

Section 5C

Sponsor Concurrence:

Sponsor Representative

Title: [Signature]

Date: 10/13/05

Section 6 Attachments:

A. Location Map

B. Site Plan or Sketches

C. Other (explain)

Brian H. Green [Signature]

